



PARK·CENTER

Fall 2016 Swim Lessons

Tuesday & Thursday Evenings

Session # Dates (Registration Dates)

- 1 Sept 6-29 (July 29, 5am - Deadline Sept 3)
- 2 Oct 4-27 (Sept 23, 5am - Deadline Oct 1)
- 3 Nov 1-29* (Oct 21, 5am - Deadline Oct 29)

* NO CLASS THURSDAY NOV 24 THANKSGIVING

4:00-4:30	4:35-5:05	5:10-5:40	5:45-6:15	6:20-6:50
All Levels	All Levels	All Levels	All Levels	All Levels, Guppies
		Guppies	Adult Beginning 5:45-6:20	Adult Intermediate 6:25-7:00

Ages:

Guppies* (6 months-4 Years)

**Parent and Child are both in the water*

All Levels (3-16 Years)

Adult (16+ Years)

Cost:

\$35/\$40 (Resident/Non-Resident)

**Each Session includes 8 lessons,
30 min each.**

Saturday Mornings

Session # Dates (Registration Dates)

A Sept 17 – Nov 5 (Registration: August 8, 5am - Deadline Sept 14)

9:00-9:30	9:35-10:05	10:10-10:40	10:45-11:15	11:20-11:50
All Levels	All Levels	All Levels	All Levels	All Levels
Adult Beginning	Guppies	Adult Beginning	Guppies	Adult Intermediate

Participant's Name _____

Age _____ Male or Female Birthdate _____ Grade _____ School _____

Address _____ City _____ Zip _____

Parent/Guardian Name _____ Phone _____ E-mail _____

Emergency Contact _____ Relation _____ Phone Number _____

Has participant taken Swim Lessons before? No ____ Yes ____ Last Level Completed ____

Level: ____ Session: ____ Time: ____ Preferred Instructor: ____

Does the participant have any limitations? No/Yes If yes, please explain: _____

LIABILITY RELEASE AND PERMISSION TO PARTICIPATE

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages, for death, personal injury, or property damage which I, as the participant, (or my child) may have, or which may hereafter accrue as a result of participation in said event. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I have read and understood the foregoing registration, and agree to all of their terms and conditions. **NO make-up lessons for missed classes. Registrations will NOT be accepted after the deadline. Refunds will NOT be given after 1st day of class. If my child has any special needs or limitations I will let the Park Center know before the first day of class.**

Signature of Parent/Guardian _____

_____/_____/2016

Date 202 E Murray Park Ave
Murray, Utah 84107
(801) 284-4200



Office Use Only

Paid \$ _____
CASH CHECK VISA
DISC AMEX MC
Date: _____ Staff: _____